DISCLOSURE SUMMARY PAGE

For Office Use Only COMMITTEE NAME (Must be same as on Statement, of Organization) Comm. # Indexed S Audited IMPORTANT: Indicate type of committee you are reporting for: Computer (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates SIGNATURE OF TREASURER (or person filling this report) Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate one 2 ☐CHECK IF AMENDMENT TO REPORT DATED __ Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a Notice of Dissolution is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL \$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)......\$ UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ **CANDIDATE COMMITTEES ONLY:** CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES ____ NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FORM DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

For Instructions, See Back of Form	For	Instruction	าร. See	Back	of Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(HeV. 06/97)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) [CK THIS BOX II NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
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	ID#				
	CK#				
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	ID#				
	CK#				
	ID#				·····
	CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page of (for Schedule A)

SCHEDULE

MONETARY

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 09/97)	EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTE	ENAME (Must be	same as on Statement of Organization)	1	
1	IKUNI POK.	nty Republicans		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/29/07	ID# CK#/01/9	Bu + Herald Iltersm Ja	Ads in Newspaper	\$ //6.31
	ID#	3:0110:5:11 9		
	ID# CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 116.31

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:	
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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